

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 550844

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	2					
5	1					
6	1	1				
7	1	1				
8	1	1				
9	1	1				
10	1	1				
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24	1	1				
25	1					
26	1					
27	1					
28	1	4				
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30	1	1				
31	1	1				
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50						
TOTAL IND.	3					
TOTAL DEP.	33					
TOTAL CLAIMS	36					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						